



## Long Beach CARES COVID-19 Emergency Rental Assistance Program

### APPLICATION

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Landlord/Property Mgt. Company:** \_\_\_\_\_

**Landlord Telephone No.:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Determine your eligibility for the program (Must check all items below to be eligible).**

- ☐ I am a renter residing in rental housing unit located in Long Beach.
- ☐ I have attached a copy of your Rental or Lease Agreement.
- ☐ I am within the U.S. Department of Housing and Urban Development (HUD) established "Moderate-Income" limits? Please check pages 3-4 of the Program Guidelines (based on household size and Income).
- ☐ I have been economically impacted during the COVID-19 pandemic period beginning March 27, 2020 to present causing loss of income and inability to pay rent.
- ☐ I currently do not receive any other forms of rental assistance payments (examples: Housing Choice Voucher - Section 8, senior housing section 202 or disabled housing section 208 with rental assistance subsidies, other rental assistance programs).

**A. What is your current monthly rent: \$** \_\_\_\_\_

(This will be confirmed by the Lease/Rental Agreement)

**B. Are you current on your rent payments?** ☐ YES ☐ NO

If no, how much rent did you pay and how much are you behind for the following months:

	AMOUNT OF RENT PAID	AMOUNT OF RENT OWED
<b>April</b>	\$ _____	\$ _____
<b>May</b>	\$ _____	\$ _____
<b>June</b>	\$ _____	\$ _____
<b>July</b>	\$ _____	\$ _____

**Total Amount of Outstanding Rent** \$ \_\_\_\_\_

**C. Have You Provided Evidence of Economic Impact due to COVID-19? (Must be attached)?**

☐ YES ☐ NO

Proof of applicant's loss of or reduction in income/employment due to COVID-19 pandemic can be provided by:

- ☐ A copy of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 27, 2020 to present); **OR**
- ☐ A copy of household member(s) notification of furlough from employer during the eligible pandemic period (March 27, 2020 to present); **OR**
- ☐ A copy of household member(s) notification confirming reduction in hours and/or pay during the eligible pandemic period (March 27, 2020 to present); **OR**
- ☐ A copy of household member(s) application during the eligible pandemic period (March 27, 2020 to present) and/or approval for Unemployment Insurance benefits; **OR**
- ☐ A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 27, 2020 to present); **OR**
- ☐ A signed self-certification that you were unable to work and/or have extensive medical expenses due to contracting Coronavirus (Covid-19).

**D. What is your total annual gross household income? \$** \_\_\_\_\_

(This is for all members of the household)

**E. How many people live in the household?** \_\_\_\_\_

**F. Race/Ethnicity**

- |   |  |
|---|--|
| <input type="checkbox"/> Latina/o                               | <input type="checkbox"/> American Indian/Alaskan Native & White                  |
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Asian & White   |
| <input type="checkbox"/> African American                       | <input type="checkbox"/> Black/ African American & White                         |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Other multi-racial                                      |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |  |

## **HOUSEHOLD INCOME AND COMPLETED APPLICATION CERTIFICATION (REQUIRED)**

**INSTRUCTIONS:** This is a written statement documenting the Annual Income, the number of members in the family or household, and relevant characteristics of each member for the purposes of income determination.

To complete this statement, fill in the blank fields below. The applicant Head of Household(s) must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request. The applicant Head of Household(s) must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**Must list all household members and income for all members of the household, including roommates, etc.**

<b>Name:</b>	<b>Total Annual Income:</b>	<b>HH Head of Household</b>	<b>CH Co-Head</b>	<b>DIS Disabled</b>	<b>S≥18 Student Older than 18</b>	<b>&lt;18 Child Under 18</b>	<b>&lt;15 Child Under 15</b>

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

**Annual Gross Income** (total of all members) = \$ \_\_\_\_\_

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Long Beach Emergency Rental Assistance Program Administrator.

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>CO-HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

## **INCOME DOCUMENTATION WORKSHEET (REQUIRED)**

Applicant must indicate income from all applicable sources and attach supporting documentation.

Source of Income	Gross Monthly Income in Dollars	Supporting Documentation
<b>Salary</b>	\$	<ul style="list-style-type: none"> <li>Copies of all paycheck stubs for January, February and/or March 2020; <b>OR</b></li> <li>2019 Federal income tax returns; <b>OR</b></li> <li>2018 Federal income tax return <b>AND</b> 2019 W-2 forms (if 2019 tax return not filed yet).</li> </ul>
<b>Self-Employed Profits</b>	\$	<ul style="list-style-type: none"> <li>A copy of 2018 or 2019 IRS Form 1040/1040A (tax return), <b>OR</b></li> <li>An affidavit signed by the applicant that includes the name of the household member who is self-employed, the name of the business, and the prior year's estimated annual income (Self-Employment Income Self-Certification Form attached.)</li> </ul>
<b>Social Security Income (SS)</b>	\$	<p>The following must not be older than one year unless noted:</p> <ul style="list-style-type: none"> <li>Copy of applicant's monthly award check; <b>OR</b></li> <li>Copy of applicant's benefit verification letter (<i>applicant can request from local Social Security office</i>); <b>OR</b></li> <li>Form SSA-2458 (<i>applicant can request from local Social Security office</i>); <b>OR</b></li> <li>Form SSA-1099 (<i>yearly benefit statement that may not be older than one (1) year</i>); <b>OR</b></li> <li>Written certification from awarding agency verifying monthly benefits; <b>OR</b></li> <li>Copy of bank statement showing direct deposit of applicant's award check.</li> </ul>
<b>Supplemental Security Income (SSI)</b>	\$	
<b>Social Security Disability (SSD)</b>	\$	
<b>California Work Opportunity and Responsibility for Kids (CalWORKs)</b>	\$	<ul style="list-style-type: none"> <li>Award letter stating the amount of applicant's benefit; <b>OR</b></li> <li>Copy of applicant's most recent bi-monthly award check(s); <b>OR</b></li> <li>Written statement from Caseworker stating the applicant's benefit amount; <b>OR</b></li> <li>Written certification from awarding agency verifying monthly benefits.</li> </ul>
<b>Temporary Assistance for Needy Families (TANF)</b>	\$	
<b>Pension</b>	\$	<ul style="list-style-type: none"> <li>Copy of applicant's most recent pension check/payment stubs; <b>OR</b></li> <li>Copy of pension award letter showing monthly benefits; <b>OR</b></li> <li>Bank statement showing direct deposit of applicant's award check.</li> </ul>
<b>Alimony</b>	\$	<ul style="list-style-type: none"> <li>Copy of applicant's weekly or monthly check; <b>OR</b></li> <li>Court decree establishing payments, (divorce papers); <b>OR</b></li> <li>Notarized affidavit of child support certifying amount received.</li> </ul>
<b>Child Support</b>	\$	
<b>Unemployment Insurance</b>	\$	<ul style="list-style-type: none"> <li>Copy of award notice stating applicant's benefit; <b>OR</b></li> <li>Payment booklet.</li> </ul>
<b>Interest from Bank Accounts and Cash Funds</b>	\$	<ul style="list-style-type: none"> <li>Letter from bank manager stating interest earned; <b>OR</b></li> <li>Bank statements showing last twelve (12) months of interest; <b>OR</b></li> </ul>

		<ul style="list-style-type: none"> <li>• Most recent Federal income tax return showing interest earned; <b>OR</b></li> <li>• Investment statements indicating the amount of dividends earned.</li> </ul>
<b>Rental Property Income (income you receive from a rental property you own)</b>	\$	At least two (2) from the following: <ul style="list-style-type: none"> <li>• Copy of property rental agreement signed by current tenant showing monthly rent; <b>OR</b></li> <li>• Copy of recent rent check; <b>OR</b></li> <li>• Copy of applicant's income tax return declaring earned rental income (not older than one year); <b>OR</b></li> <li>• Rent receipt book.</li> </ul>
<b>Other Income not shown above- List Sources</b>	\$	<ul style="list-style-type: none"> <li>• Attach documentation to support declaration.</li> </ul>
<b>TOTAL INCOME</b>	\$	
<b>AGENCY STAFF USE ONLY IN THIS SECTION:</b>		
<b>Total Gross Monthly Income:</b>		<b>Comments:</b>
<b>Total Gross Annual Income:</b>		<b>Comments:</b>
<b>Income Qualified?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Comments:</b>

## **SELF EMPLOYED INDIVIDUAL ANNUAL INCOME SELF-CERTIFICATION**

### **(COMPLETE IF SELF-EMPLOYED ONLY)**

**Name:** \_\_\_\_\_ **Name of Business:** \_\_\_\_\_

**INSTRUCTIONS:** To complete this statement, fill in the blank fields below using information from the attached Individual Annual Income Self-Certification Form complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except fulltime students. The Household Member must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

<b>Source of Income</b>	<b>Annual Income in Dollars</b>
<b>Salary</b>	\$
<b>Self-Employed Profits</b>	\$
<b>Social Security (SS)</b>	\$
<b>Supplemental Security Income (SSI)</b>	\$
<b>Social Security Disability (SSD)</b>	\$
<b>California Work Opportunity and Responsibility for Kids (CalWORKs)</b>	\$
<b>Temporary Assistance for Needy Families (TANF)</b>	\$
<b>Pension</b>	\$
<b>Alimony</b>	\$
<b>Child Support</b>	\$
<b>Unemployment Insurance</b>	\$
<b>Interest from Bank Accounts and Cash Funds</b>	\$
<b>Rental Property Income</b>	\$
<b>Other Income Not Shown Above Sources:</b>	\$
<b>Total Gross Annual Income:</b>	\$

☐ **Check here if Bank Statements for October, November and December 2019 are attached.**

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Long Beach Emergency Rental Assistance Program Administrator.

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at [longbeach.gov/lbds](http://longbeach.gov/lbds) and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.